

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-019787

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

731

FILED MAY 22 1963

### 1. PLACE OF DEATH

a. COUNTY **Greene**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Springfield**

Length of stay in 1b  
**20 years**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **DOA St. John's Hospital**

Inside Limits  
☒ Yes ☐ No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** COUNTY **Greene**

c. CITY OR TOWN **Springfield**

Inside Limits  
☒ Yes ☐ No

d. STREET ADDRESS (If outside, give location)  
**1532 W. Cherokee**

Reside on Farm  
☐ Yes ☒ No

### 3. NAME OF DECEASED

First Middle Last  
**Joseph John Simeone**

4. DATE OF DEATH  
Month Day Year  
**May 13, 1963**

### 5. SEX

**Male**

### 6. COLOR OR RACE

**White**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

### 8. DATE OF BIRTH

**3/7/1922**

### 9. AGE (last birthday)

**41**

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Disabled Veteran**

10b. KIND OF BUSINESS OR INDUSTRY  
**Mechanic**

11. BIRTHPLACE (City and state or country)  
**New York, New York**

12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**

### 13a. FATHER'S NAME

**John Simeone**

### 13b. MOTHER'S MAIDEN NAME

**Josephine Conti**

### 14. NAME OF HUSBAND OR WIFE

**Simeone Mary Elizabeth**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**Yes WWII**

17. INFORMANT  
**7 Mary E. Simeone, Springfield, Missouri**

### 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

**Pulmonary embolism**

INTERVAL BETWEEN ONSET AND DEATH  
**minutes**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

**Unknown - origin of embolism not found.**

#### DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
☒ YES ☐ NO

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **1958** to **5-13-63** and last saw him alive on **4-25-63** **Talked with him**  
Death occurred at **2:10 A.M.** by **phone several times on day prior to death** on the date stated above, and to the best of my knowledge, from the causes stated.

### 22a. SIGNATURE

**Robert B. Stewart, M.D.**

### 22b. ADDRESS

**600 S. Glenstone, Springfield, Mo.**

### 22c. DATE SIGNED

**5-16-63**

23a. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

### 23b. DATE

**5-16-1963**

### 23c. NAME OF CEMETERY OR CREMATORY

**National Cemetery**

### 23d. LOCATION (City, town, or county)

**Springfield, Missouri**

### 24. FUNERAL DIRECTOR

**1200 Boonville**

**Ralph Thieme, Springfield, Missouri**

### 25. DATE RECD. BY LOCAL REG.

**5-20-63**

### 26. REGISTRAR'S SIGNATURE

**Effie G. Walton**

(Licensed Embalmer's Statement on Reverse Side)

Robert B. Stewart, M.D.  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

10397

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MAY 22 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed 'by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*William L. Strauss*

Licensed Embalmer No.

5164

P. O. Address

*Appt. The*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit 3